TOWN OF STRATHAM CHAIN OF CUSTODY		LABORATORY CENTERS:			Page of		ir	Date NWW ate R	TF La	ıb							
		Project Name: Project Location:	Stormwater												Billing Information		
Client Information Sample ID #																	
Client:	Client:						Regu	latory	Requi	emen	t						
Address:		Project Manager:						AWQ Standards							Please identify below location of applicable disposal facilities.		
Phone:		Turn-Around Time									Ш						
Fax:		Standard Due Date: Rush (only if pre approved) # of Davs:															
Email: These samples have been								ANALYSIS Sample Filtration							Opening Filters days	Т	
Other project specific r		ents:													Done Lab to do Preservation Lab to do (Please Specify below)	o t a l B o t	
			Collection		Sample Sample											Ì	
Lab Analyses Breaskdown	Sa	ample ID	Date Time		Matrix	Initials									Sample Specific Comments	e s	
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Preservative Code: A = None B = HCl C = HNO ₃	Container Code P = Plastic A = Amber Glass V = Vial G = Glass B = Bacteria Cup C = Cube O = Other E = Encore D = BOD Bottle			Container Type						Please print clearly, legibly and completely. Samples can
$D = H_2SO_4$ $E = NaOH$ $F = MeOH$ $G = NaHSO_4$ $H = Na_2S_2O_3$ $K/E = Zn Ac/NaOH$				Preservative					not be logged in and turnaround time clock will not start until any ambiguities are	
		Relinquished By:	Date/Tir	ne	Received By:			Date/Time		resolved. BY EXECUTING
										THIS COC, THE CLIENT HAS READ AND AGREES TO BE
O = Other										BOUND BY ALPHA'S TERMS
										& CONDITIONS.
Form No: 01-25 (rev. 30	-Sept-2013)									